



RCE/2700-  
#8  
RCE  
11-12-03 mg

**REQUEST  
FOR  
CONTINUED EXAMINATION (RCE)  
TRANSMITTAL**

Address to:  
Mail Stop RCE  
Commissioner for Patents  
P.O. 1450  
Alexandria, VA 22313-1450

|                        |                       |
|------------------------|-----------------------|
| Application No.        | 09/469,982            |
| Filing Date            | December 21, 1999     |
| First Named Inventor   | Reuven Moskovich      |
| Art Unit               | 2665                  |
| Examiner Name          | Nguyen, Phuongchau Ba |
| Attorney Docket Number | 82771P262             |

**This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application.**  
Request for Continued Examination (RCE) practice under 37 CFR § 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

**RECEIVED**

OCT 30 2003

Technology Center 2600

1. **Submission required under 37 C.F.R. § 1.114**

- a. ☐ Previously submitted
- i. ☐ Consider the amendment(s)/reply under 37 C.F.R. § 1.116 previously filed on  
(Any unentered amendment(s) referred to above will be entered).
- ii. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on
- iii. ☐ Other \_\_\_\_\_
- b. ☒ Enclosed
- i. ☒ Amendment/Reply
- ii. ☐ Affidavit(s)/Declaration(s)
- iii. ☐ Information Disclosure Statement (IDS)
- iv. ☐ Other \_\_\_\_\_

2. **Miscellaneous**

- a. ☐ Suspension of action on the above-identified application is requested under 37 C.F.R. § 1.103(c) for a period of months. (Period of suspension shall not exceed 3 months; Fee under 37 C.F.R. § 1.17(i) required) required)
- b. ☐ Other \_\_\_\_\_

3. **Fees** The RCE fee under 37 C.F.R. § 1.17(e) is required by 37 C.F.R. § 1.114 when the RCE is filed.

- a. ☒ The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. 02-2666.
- i. ☒ RCE fee required under 37 C.F.R. § 1.17(e) and any additional claims fee(s)
- ii. ☐ Extension of time fee (37 C.F.R. § 1.136 and 1.17)
- iii. ☐ Other: (\$0.00)
- b. ☒ Check in the amount of \$770.00 enclosed
- c. ☐ Payment by credit card (Form PTO-2038 enclosd)

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED**

|                   |              |                                   |                  |
|-------------------|--------------|-----------------------------------|------------------|
| Name (Print/Type) | Eric T. King | Registration No. (Attorney/Agent) | 44,188           |
| Signature         |              | Date                              | October 23, 2003 |

**CERTIFICATE OF MAILING OR TRANSMISSION**

I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

October 23, 2003

|                   |                 |      |                  |
|-------------------|-----------------|------|------------------|
| Name (Print/Type) | Nicole Erquiaga | Date | October 23, 2003 |
| Signature         |                 |      |                  |

Based on PTO/SB/30 (08-03) as modified by Blakely, Solokoff, Taylor & Zafran (v/v) 09/11/2003.  
SEND TO: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

10/28/2003 EFLORES 00000062 09469982

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770.00 DP

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective 10-1-2003

Application or Docket Number

09469982

## CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

|   |              |              |
|---|--------------|--------------|
| TOTAL CLAIMS  |              |              |
| FOR   | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS                                   | minus 20=    | * <i>ROE</i> |
| INDEPENDENT CLAIMS  | minus 3 =    | *            |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> |              |              |

\* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

| RATE      | FEE    |
|-----------|--------|
| BASIC FEE | 385.00 |
| X\$ 9=    |        |
| X42=      |        |
| +140=     |        |
| TOTAL     |        |

| RATE      | FEE    |
|-----------|--------|
| BASIC FEE | 770.00 |
| X\$18=    |        |
| X84=      |        |
| +280=     |        |
| TOTAL     |        |

## CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

| AMENDMENT   | CLAIMS REMAINING AFTER AMENDMENT |     | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|---|----------------------------------|-----|------------------------------------|---------------|
|   | Total                            | * 9 | Minus ** 20                        | =             |
|   | Independent                      | * 3 | Minus *** 3                        | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |     |                                    |               |

SMALL ENTITY

OR

OTHER THAN SMALL ENTITY

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X\$ 9=           |                |
| X42=             |                |
| +140=            |                |
| TOTAL ADDIT. FEE |                |

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X\$18=           |                |
| X84=             |                |
| +280=            |                |
| TOTAL ADDIT. FEE |                |

| AMENDMENT B   | CLAIMS REMAINING AFTER AMENDMENT |   | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|---|----------------------------------|---|------------------------------------|---------------|
|   | Total                            | * | Minus **                           | =             |
|   | Independent                      | * | Minus ***                          | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |   |                                    |               |

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X\$ 9=           |                |
| X42=             |                |
| +140=            |                |
| TOTAL ADDIT. FEE |                |

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X\$18=           |                |
| X84=             |                |
| +280=            |                |
| TOTAL ADDIT. FEE |                |

| AMENDMENT C   | CLAIMS REMAINING AFTER AMENDMENT |   | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|---|----------------------------------|---|------------------------------------|---------------|
|   | Total                            | * | Minus **                           | =             |
|   | Independent                      | * | Minus ***                          | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |   |                                    |               |

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X\$ 9=           |                |
| X42=             |                |
| +140=            |                |
| TOTAL ADDIT. FEE |                |

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X\$18=           |                |
| X84=             |                |
| +280=            |                |
| TOTAL ADDIT. FEE |                |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.